

The Scottish Government's response to 'On the frontline of the UK's corridor care crisis', RCN January 2025

The RCN has provided a copy of an embargoed report sharing feedback from nurses employed across the UK on their experiences of corridor care and providing care in inappropriate areas. The General Secretary and Chief Executive of the RCN, Professor Nicola Ranger, has condemned this practice as a failure:

'Corridor care is the obvious and avoidable failure of political will to reform the NHS and social care, and invest in its workforce under recent governments. Nursing staff, as the largest part of the workforce, are bearing the brunt of this failure, but they are not alone.'

The report is based on the responses of 5,408 nursing staff across the UK from 18 December 2024 to 11 January 2025.

The report recommends government and the NHS take the following actions;

- Be [Honest](#) and open about conditions for patients.
- [Publish](#) regular data (related to corridor waits).
- [Invest](#) in our workforce to deliver the reforms needed to recover patient care.

The RCN report is supplied in Annex A.

Background briefing is supplied in Annex B.

Response to RUC news release in Annex C.

Response:

The findings from the RCN survey on corridor care are concerning, and the feedback and voices from nursing staff highlight some very difficult and distressing situations for staff and experiences for patients which do not reflect the high quality of healthcare we aim to provide in Scotland.

We recognise the range of challenges impacting on patient flow within our hospitals that contribute to the current position which has led to care being delivered in corridors and other inappropriate areas. Recent winter pressures are also putting further strain on our healthcare services. We also recognise the relationship between care in inappropriate areas and, in some cases, insufficient staff which can lead to an increased risk of harm. This is why we remain committed to delivering the right care, at the right time and in the right place for everyone and enabling safe and effective staffing.

Any unnecessary delay in treatment or admission to a hospital bed is unacceptable and below the standard we would expect.

Furthermore, we know how difficult a long wait for a bed or an appropriate treatment space can be for patients. This can have an impact for the patient, staff, other patients, as well as visitors in our hospitals. We also know how hard NHS staff are working to ensure that patients are seen as quickly as possible and cared for in the right clinical area.

It is our expectation that when long waits occur for an inpatient bed, patients will have been assessed by appropriately trained staff, have had any essential investigations or treatment, where it is appropriate and safe to do so, and their condition will be monitored.

As part of a range of measures to help improve patient flow through hospitals and ensure there is adequate capacity for people requiring in-patient care, a number of Health Boards in Scotland have adopted continuous flow models. These aim to reduce the waiting time of patients in A&E and assessment units to address overcrowding and the inherent risks to patient comfort, safety, dignity and experience, and ensure there is appropriate staffing in place to meet individual patient need.

It remains our expectation that every effort will be made to accommodate patients in an appropriate bedspace in an inpatient ward, where there is a clinical care requirement. It is also the expectation of the Scottish Government that Boards take all available steps to maintain patient's privacy and dignity whilst in non-standard patient areas.

Action is being taken to improve patient flow through our acute sites which will in turn reduce congestion within our hospital wards and departments. Through our Urgent and Unscheduled Care Collaborative Programme, we are working with Boards across Scotland to implement a range of initiatives such as;

- Strengthening arrangements to avoid unnecessary hospital admissions such as Same Day Emergency Care services.
- Optimising Flow Navigation Centres by signposting patients to the most appropriate services for their needs, and scheduling appointments to A&E where possible.
- Enhancing the discharge process - focusing on discharge planning, so plans are in place to allow patients home as soon as they are medically able.
- Working with the Centre for Sustainable Delivery to support Boards to implement changes which will target the key challenges in their systems - recognising that there is no one size fits all solution.
- We've also expanded innovative new services such as 'Hospital at Home' – providing care at home where appropriate, providing best outcomes for patients.

All of our services are under considerable pressure, and the arrival of winter has brought additional challenges. While we cannot comment on individual patient cases due to confidentiality, we would like to apologise for the distress caused by any delay in treatment.

- We've always recognised the relationship between long waits in A&E and increased risk of harm which is why we remain committed to delivering improved A&E performance
- Pressure on our A&E departments is being driven by high levels of occupancy and delays associated with high numbers of patients who require support in order to go home. This impacts on patient flow out of A&E to inpatient wards.
- Every effort will be made to accommodate patients in an inpatient ward. I expect all Boards to take all available steps to maintain patient privacy and dignity whilst in non-standard patient areas.
- Our Budget for 2025-26 will invest £200 million to reduce waiting list backlogs, improve capacity and remove barriers which keep some patients in hospital longer than necessary.

Additionally, we know that people whose discharge from hospital is delayed are not getting the best care, and delayed discharge can have significant consequences for the normal flow of patients through hospital. At the heart of our drive to improvement is the knowledge that behind every delay is a person who will not sleep in their own bed despite being clinically fit to leave hospital. This is why we have put in place the Delayed Discharge and Hospital Occupancy Action Plan that seeks to support systems to create the necessary capacity to deal with emerging pressures.

Publish Regular Data - Currently there is no single mechanism for capturing information on patients who are being cared for in a non-standard bed or treatment space, and this is managed locally within each Board, with each Board responsible for identifying and managing these processes. There is currently no plan to introduce National reporting or recording in this regard, however we will continue to monitor the potential merit and impact of introducing a monitoring process.

Invest in our workforce to deliver the reforms needed to recover patient care – The Scottish Government commenced the Health and Care (Staffing) (Scotland) Act 2019 in April 2024, which aims to enable appropriate staffing across healthcare. The Act outlines specific duties for NHS Boards that include real-time staffing assessment to identify risks to patient quality and safety as a result of staffing, risk mitigation and escalation, to support the best decisions to ensure the most efficient and effective deployment of staff to meet patient need.

All Boards are required to use the Common Staffing Method for defined services to inform appropriate nurse staffing establishments, considering outputs from staffing

level tools, professional judgement tools, staff feedback, and other quality and safety information. Data, information and intelligence from these processes will be used to support workforce planning, to support appropriate staffing in real time and for future workforce planning.



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Excellence in Care

Excellence in Care was commissioned by the Scottish Government in response to the Vale of Leven Inquiry. The Excellence in Care programme in Scotland aims to provide a national approach to ensure people have confidence they will receive a consistent standard and quality of care no matter where they receive treatment in NHS Scotland. As with many programmes this was stood down during COVID, however has successfully remobilised, with real momentum with the programme over the past year, and assurances that the Excellence in Care programme is embedded, with reporting and feedback through established governance structures within Health Boards. The programme initially focussed on Nursing & Midwifery services, however, is beginning to expand its scope to include a broader multi-professional approach.

Healthcare Improvement Scotland's Excellence in Care and Scottish Patient Safety Programmes continue to work with NHS Boards and provide tailored support to improve the quality of care and outcomes for patients.

These programmes do not sit in isolation, and the quality safety and outcomes for people remain at the heart of all our work within Government

Scottish Patient Safety Programme

Patient Safety is a key objective for the Scottish Government, and we are committed to ensuring that all health and care is safe, effective and person-centred. The Scottish Patient Safety Programme, the national initiative run by Healthcare Improvement Scotland, is operational and integral to ensuring safe care system-wide. We encourage boards and staff to engage on this as an important tool, to support the continued delivery of quality care.

Health Workforce

Our workforce is our most valued asset and we value the work of our NHS staff and are extremely grateful for the skill and dedication they have shown, particularly over the last few years.

As we emerge from the pandemic, reform and diversification of the workforce is important in improving performance and patient safety and experience. It is through reform and diversification that we can progressively make better use of our workforce and improve the design of services; alongside our workforce we need the

right tools, technology and infrastructure - simply growing the workforce without doing these things, is not the right answer. As we continue with our whole system approach to NHS Scotland, we expect to see the type of roles and shape of our workforce change.

Nursing and Midwifery Taskforce

In February 2023 the Scottish Government established a Ministerial Nursing and Midwifery Taskforce. The Taskforce originated following requests from the Royal College of Nursing and Royal College of Midwives as part of the 2023 pay negotiations to address challenges with attracting and retaining nurses and midwives in Scotland.

The aim of the Taskforce was to work collaboratively, to listen to nursing and midwifery staff to identify what was important for them, and to develop a workplan of recommended actions to deliver short and long-term sustainable change and build on efforts to make Scotland the best place for nursing and midwifery staff to thrive.

Phase 1 of the Taskforce has just concluded and the report and recommended actions will be published shortly. Phase 2 of the Taskforce will focus on delivery of the recommended actions and a new group of experts will be convened to oversee this delivery.

Controlled Intake Process

We are working to continually improve our workforce planning. As part of this, we have developed a new panel to improve our healthcare student planning, ensuring we continue to fund the right number of healthcare training places across a range of disciplines. This process will ensure we are taking a whole system approach to workforce planning, ensuring service and role reform are at the heart of decision making.

Fair pay

- I am delighted that Agenda for Change trade unions voted unanimously to accept the pay uplift of 5.5% for 2024/25.
- This represents an investment of more than £448 million in 2024/25 and takes the total investment in the past two years to over £1 billion.
- This ensures that NHS Scotland staff including nurses, paramedics, health care science and ancillary staff have the best reward package in the UK.

- I am grateful to our hardworking healthcare staff for the care they provide to patients day in, day out. They are the very backbone of our NHS and we are committed to ensuring they feel supported and valued.
- I am grateful to both trade union and employer representatives for their input and dialogue during negotiations.
- In gross terms, all Scotland NHS AfC staff have higher salaries than their peers in the rest of the UK.

Context and Issues

The Redesign of Urgent Care (RUC) programme was introduced in December 2020 to manage the increase system-wide demands for urgent and unscheduled care. The RUC programme seeks to improve the way that members of the public access urgent and unscheduled care in non-life threatening situations.

An independent evaluation of the RUC pathway was commissioned and aimed to provide an improved understanding of:

- a. Experience of callers to NHS 24 111 who discontinued their call
- b. Experience of patients who contacted NHS 24 111 and who had their call answered (i.e. went through the RUC pathway)
- c. Experience of staff involved in the delivery of urgent and unscheduled care
- d. Assess changes to key Urgent Care delivery metrics, by comparing performance pre- and post- RUC implementation.

Overview of findings

Key findings are provided here:

- Long waits to have a call answered can cause some patients to end their call to NHS 24 111 before it is answered
- Patients who accessed the RUC pathway were largely positive about their experience, particularly in relation to staff interaction and for those calling on behalf of a child.
- Urgent care staff expressed mixed views about the RUC implementation. Some were positive about the development of alternative pathways. Others mentioned variations in the way RUC has been adopted across different Health Boards, including how Flow Navigation Centres are operating
- At a national level, changes can be seen in urgent care delivery metrics since RUC implementation. These include: an increase in the volume of calls to NHS 24 111 (particularly weekday 8am-6pm), a reduction in 'unplanned' self presentations across A&E, and a reduction in the number of patients adhering to the 4 hour access standard.
- At Health Board level, changes in the urgent care delivery metrics were found to be broadly uniform across the Health Boards.

Recommendations from the evaluation

- It is recommended that NHS 24 work to reduce the length of Time to Answer – particularly at the weekend - and are given the support and additional resources/funding to enable this.
- Work with NHS Boards to address challenges with the availability and capacity of alternative pathways available via Flow Navigation Centres, as well as capacity challenges elsewhere, including within Primary

care. This would be further supported by clearer national policy, guidance, and standardised definitions.

- Explore opportunities to improve scheduling such as ringfenced capacity for scheduled patients which should be separate to existing workstreams such as minor injury units, ambulatory care etc.
- To support services to work well together, there should be a mechanism in place to improve professional - to - professional communication
- Explore opportunities for increased collaboration between smaller NHS Boards to support with resourcing issues.
- Public messaging: continue to educate the public on when to contact NHS 24 111 and why accessing alternative services might be more suitable for some health concerns.
- It is essential that there is improved data collection to record FNC activity and planned attendances. Without this, the ability to fully evaluate and improve ways of working is limited. Addressing this objective is contingent on other recommendations.

Lines to take

We know there is still work to do to improve our urgent care services, however, it is heartening to see that this evaluation has found patient experience of the RUC pathway to be largely positive and that patients have reflected positively on their interactions with healthcare staff.

Work is already underway to implement the recommendations of this report, including increasing staff numbers at NHS 24. For winter 2024/25 there are a record number of NHS 24 call handlers available to direct people to the most appropriate care, helping reduce unnecessary A&E attendances.

Since implementation of RUC, staff have reported seeing some positive impacts within their health boards including pathways and relationships between other parts of the system including the Scottish Ambulance Service.

When comparing data from 2022-23 (post RUC implementation) with projections based on data from 2018-19 (pre-implementation found that post-RUC implementation there was:

- a. an increased use of NHS 24 111 during weekday in hours (8am-6pm)*
- b. reduction in all A&E attendance*
- c. reduction in admissions following A&E attendance*
- d. reduction in self-referrals to A&E.*
- e. reduction in SAS attended incidents and conveys to hospital*

**Colin Poolman, Director RCN
NHS Overcrowding
GMS
16 January 2025**

Presenter

So nurses across the country are demanding action to end overcrowding in Scotland's hospitals. A study this morning by the Royal College of Nursing documents their experience of delivering so called corridor care. It details concerns about the unsafe and undignified conditions faced by patients, warning that lives are being lost. Speaking earlier on the program, Scotland's Health Secretary Neil Gray insisted This is not to be expected by patients. Well let's speak to Colin Poolman, who is the Royal College Nursing director here in Scotland. Morning to you, the Health Secretary insisted that the details that are contained in your report are not the norm in Scotland's hospitals. What do you say?

Colin Poolman

I have to disagree hugely. Corridor care Unfortunately the issue that we're highlighting today is we all know that it's happened in the past, but it's becoming more regular and it's now been normalised. And to say that that's not the case, I think you have to disagree strongly with the cabinet secretary in relation to his opinion.

Presenter

So what do we mean by corridor care here? I mean, obviously people will have to wait to be seen, but are they actually being treated? What sort of facilities are available in those circumstances?

CP

Of course Gary, people will wait to be treated, and that's what happens. And people aren't expected to be treated absolutely instantaneously when they go near department. But what's now happening is people have been looked after areas that are completely inappropriate for patient care, such as corridors or offices or other areas, as nurses have come forward and told us, this is their words, that's not ours. This is their experience, and looking after people in areas that weren't designed for patient care puts huge pressure, because there's more patients in departments, as one nurse reported that in a department this night, they have space for 13 patients and 40 patients. But what happens when you're in corridors in other areas, they don't have access to all the equipment they have, for example, and they're stretched, and that compromise dignity, confidentiality, and unfortunately, it brings harm, not only to patients, but to the staff who haven't provided care. I mean, one of the distressing comments from one of our colleagues said that she started to have nightmares because of her experiences. That That, to me, is unacceptable, and we need to do whatever we possibly can to eradicate corridor care. The thing the real, the real issue have to take issue with the cabinet secretary is we don't do the full scale of this even because we don't record when people are looked after an inappropriate places. So we don't even know the size of the problem. We believe it's huge, and it needs to be measured and then eradicate.

Presenter

And huge though UK wide, because the survey is UK wide, about 10 per cent of the respondents were here in Scotland. You paint the same picture in Scotland as other parts of the UK. Nobody seems to be getting a handle on this, whoever is actually in charge?

CP

I have to agree with that Gary the report is a UK report, and it's distressing, and it covers the whole of the UK, but all the decision makers and all the politicians in each part of the country need to get a grip of this. As people say, this has been a problem for a long time. Yes, it has, but as we see, we're seeing a whole increase into and it's not just an extreme circumstances, a one off situation. It's happening day in, day out, and that's what our members have told us in the survey that we conduct.

Presenter

Are people dying as a result?

CP

Well, people are certainly coming to harm. Our members are reporting that they believe people are dying because they're overwhelmed, and that's why we need to really concentrate the mind. We go round this like it's some big surprise that it happens every year. Pressures are throughout the year, but we need to make sure that we're much better planned. And we talk about winter planning, and the announce winter planning, September, October, we should be talking about what we should be doing, both in the short term and the long term now.

Presenter

When we look at the root causes here, how much of it is a problem with social care, but those who need care at home aren't getting it, so they're stuck in hospital as so called bed blocking. How much of it is people turning up at hospital when actually they could be treated and should be treated in a different setting?

CP

I think. Well, let's start with delayed discharges, I don't like calling it block beds. It's delayed discharges. It's those who are ready to leave. You know, in latest reports, there's over 2000 beds in Scotland that have patients who could be cared for elsewhere or have care provided for elsewhere, there of course, needs to be significant investment in social care, but that comes back to some of the fundamental systemic issues that we have funding for Health and Social Care a certain yearly basis. I feel for the senior managers, as well as do for frontline staff.

Presenter

We keep being told the health budgets are at record levels.

CP

Well, demands at record levels. So you might as you need to meet demand and its capacity, right? That's something we need to assess, we need to think through. But clearly, you've got 2000 beds. That's that's two large hospitals currently that are patients who could be elsewhere. If there was the support available, and these are

things that the government really need to get to grips with and move forward our members, of course, they when people say we understand and it's unacceptable, but what they want to see is action, because it's compromising their ability to provide the care that they really want to provide to patients.

Presenter

And when you mentioned demand, just to go back to the other part of my question, are people turning up when they don't need to be presenting to hospital?

CP

I think there's always an element of that, and that comes into educating the public around about the other services they can use, depending about where they are to depend whatever condition they're experiencing. And of course, that's public health messaging. But I think the fundamentals is that the system is not working currently, and we need to get to get to make the system work. And you know this is a whole system issue. This is not just about A&E departments. We've got caring and appropriate places in the **[Inaudible]** department and wards and departments, and that's putting pressures, as I say, on the staff, and it's unacceptable and of course, it's a huge I mean, the staff do a fantastic job. We all know that, and I think everyone who's contributed to your program this morning has said that, but we need to give them the conditions and the resources to be able to provide the best care that they can. And that's not the situation currently.

Presenter

If you needed hospital care in Scotland, how would you feel about going to hospital?

CP

Well, I think if you need hospital care, you go and staff do the best they possibly can.

Presenter

But would it worry you given everything we've talked about this morning?

CP

Of course, well, we all hear stories, and we've all had experiences of family members, and of course, it would worry you that they're not being able to get the care that they need at that particular time and in the right place, and that's why we need to do everything we can to make this better. And today our report, we're only highlighting the experience of our members. We've talked about this for a long time, and governments across the UK, including Scottish Government, need to get to grips, not just on the short term, but in the long term, and that we need to eradicate this and **[Inaudible]** it's not normal to look after people in corridors.

Presenter

Colin Poolman, who is the Royal College of nursing's director in Scotland.

[End]

RE: For Cab Sec views- BID Cab Sec Health- GMS- RCN news release NHS overcrowding

From: [redacted s.38(1)(b)] on behalf of; Cabinet Secretary for Health & Social Care 2024 <CabSecHSC@gov.scot>

To: [redacted s.38(1)(b)]; Cabinet Secretary for Health & Social Care 2024 <CabSecHSC@gov.scot>

CC: Jennie Gollan <Jennie.Gollan@gov.scot>; Ross Ingebrigtsen <Ross.Ingebrigtsen@gov.scot>; Sean McGivern <Sean.McGivern@gov.scot>; Jack Middleton <Jack.Middleton@gov.scot>; [redacted s.38(1)(b)]; Rachael Dunk <Rachael.Dunk@gov.scot>; Anne Armstrong <Anne.Armstrong2@gov.scot>; [redacted s.38(1)(b)]; Chief Nursing Officer <CNO@gov.scot>; [redacted s.38(1)(b)]; Douglas McLaren <Douglas.McLaren@gov.scot>; John Burns <John.Burns@gov.scot>; [redacted s.38(1)(b)];

Hi [redacted s.38(1)(b)]

Spoke on teams but for completeness for the chain cab sec is content.

Thanks,

[redacted s.38(1)(b)]

Deputy Private Secretary to the Cabinet Secretary for Health and Social Care – Neil Gray MSP

The Scottish Government | St Andrew's House | Regent Road | Edinburgh | EH1 3DG | E: CabSecHSC@gov.scot | T: [redacted s.38(1)(b)]

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From: [redacted s.38(1)(b)]

Sent: Wednesday, January 15, 2025 3:52 PM

To: Cabinet Secretary for Health & Social Care 2024 <CabSecHSC@gov.scot>

Cc: Jennie Gollan <Jennie.Gollan@gov.scot>; Ross Ingebrigtsen <Ross.Ingebrigtsen@gov.scot>; Sean McGivern <Sean.McGivern@gov.scot>; Jack Middleton <Jack.Middleton@gov.scot>; [redacted s.38(1)(b)]; Rachael Dunk <Rachael.Dunk@gov.scot>; Anne Armstrong <Anne.Armstrong2@gov.scot>; [redacted s.38(1)(b)]; Chief Nursing Officer <CNO@gov.scot>; [redacted s.38(1)(b)]; Douglas McLaren <Douglas.McLaren@gov.scot>; John Burns <John.Burns@gov.scot>; [redacted s.38(1)(b)]

Subject: RE: For Cab Sec views- BID Cab Sec Health- GMS- RCN news release NHS overcrowding

Thanks [redacted s.38(1)(b)]; just spoke with BBC and they are happy with 7am. They have asked if he would be happy to it via Zoom, so tele colleagues could take clips if needed?

Thanks,
[redacted s.38(1)(b)]

[redacted s.38(1)(b)] | Media Manager | Communications Health and Social Care | [redacted s.38(1)(b)] | Scottish Government | [redacted s.38(1)(b)]

From: [redacted s.38(1)(b)] On Behalf Of Cabinet Secretary for Health & Social Care 2024

Sent: 15 January 2025 15:31

To: [redacted s.38(1)(b)]; Cabinet Secretary for Health & Social Care 2024 <CabSecHSC@gov.scot>

Cc: Jennie Gollan <Jennie.Gollan@gov.scot>; Ross Ingebrigtsen <Ross.Ingebrigtsen@gov.scot>; Sean McGivern <Sean.McGivern@gov.scot>; Jack Middleton <Jack.Middleton@gov.scot>; [redacted s.38(1)(b)]; Rachael Dunk <Rachael.Dunk@gov.scot>; Anne Armstrong <Anne.Armstrong2@gov.scot>; [redacted s.38(1)(b)]; Chief Nursing Officer <CNO@gov.scot>; [redacted s.38(1)(b)]; Douglas McLaren <Douglas.McLaren@gov.scot>; John Burns <John.Burns@gov.scot>; [redacted s.38(1)(b)]

Subject: RE: For Cab Sec views- BID Cab Sec Health- GMS- RCN news release NHS overcrowding

Hi [redacted s.38(1)(b)]

Mr Gray is content but can't do 8am. Is 7am possible?

Thanks,

[redacted s.38(1)(b)]

Deputy Private Secretary to the Cabinet Secretary for Health and Social Care – Neil Gray MSP

The Scottish Government | St Andrew's House | Regent Road | Edinburgh | EH1 3DG | E: CabSecHSC@gov.scot | T: [redacted s.38(1)(b)]

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From: [redacted s.38(1)(b)]

Sent: Wednesday, January 15, 2025 2:26 PM

To: Cabinet Secretary for Health & Social Care 2024 <CabSecHSC@gov.scot>

Cc: Jennie Gollan <Jennie.Gollan@gov.scot>; Ross Ingebrigtsen

<Ross.Ingebrigtsen@gov.scot>; Sean McGivern <Sean.McGivern@gov.scot>; Jack Middleton <Jack.Middleton@gov.scot>; **[redacted s.38(1)(b)]**; Rachael Dunk <Rachael.Dunk@gov.scot>; Anne Armstrong <Anne.Armstrong2@gov.scot>; **[redacted s.38(1)(b)]**; Chief Nursing Officer <CNO@gov.scot>; **[redacted s.38(1)(b)]**; Douglas McLaren <Douglas.McLaren@gov.scot>; John Burns <John.Burns@gov.scot>; **[redacted s.38(1)(b)]**

Subject: For Cab Sec views- BID Cab Sec Health- GMS- RCN news release NHS overcrowding

Hello PO,

We have had a bid in for Cab Sec for GMS tomorrow morning to talk to the RCN news release which has just issued which says over 66% of nurses have said they are delivering care in overcrowded or unsuitable areas like corridors, offices or converted cupboards on a daily basis.

News release below for info, and we are currently liaising with policy to get a response to this one which will be sent up separately once agreed.

Comms and SPADs would recommend an accept on this one if Cab Sec is able-grateful for his views and if he is happy to undertake this one?

WHO	OUTLET	TIME	LIVE/PRE-REC	INTERVIEWER	TOPICS	Recommendation	Oth
Mr Gray	BBC GMS	8am	Live	TBC	RCN news release, NHS overcrowding	Accept	

Other details (if required)

Bid details and News release

As per chat....I'm working on tomorrow's edition of our Good Morning Scotland programme and hoping Mr.Grey might be willing to join us to respond to the findings of the RCN survey on overcrowding in our hospitals. Ideally we'd be looking to hear from him just after our 0800 news if that's viable. I'm on **[redacted s.38(1)(b)]** if you should need to call.

EMBARGOED NEWS FROM THE RCN - New RCN report reveals impact of overcrowding across Scotland's NHS

EMBARGOED UNTIL 00:001 THURSDAY 16 JANUARY 2025

Shocking new testimony from nursing staff exposes the risks and negative impact of overcrowding with patients being cared for in corridors, side rooms and extra beds.

A survey of NHS nursing staff across the UK shows the scale of the corridor care crisis in hospitals, with almost seven in ten (66.81%) saying they are delivering care in overcrowded or unsuitable places - like corridors, offices, converted cupboards and even car parks - on a daily basis.

The experiences of over 5,000 nursing staff, including almost 500 from Scotland, highlight a devastating collapse in care standards, with patients routinely coming to harm. The Royal College of Nursing says the testimony, which runs to over 400 pages, must mark a 'moment in time'. Demoralised nursing staff working in Scotland report caring for multiple patients in a single corridor, unable to access oxygen, cardiac monitors, suction and other lifesaving equipment. They have witnessed patients going into cardiac arrest while in a corridor, report patients being left with no access to bathroom facilities or buzzers and having to deliver personal care to incontinent patients with no privacy.

Nine in ten of those surveyed say patient safety is being compromised.

One Scottish nurse commented: "Department with capacity for 13 beds, we had 40 in, with patients on chairs having treatments administered, also sitting in the waiting room on cardiac monitors, using privacy screens to put around patients to use the bedpan."

The use of continuous flow models means that these issues are being experienced far beyond emergency departments. Overcrowding is taking place across wards with extra beds being added to bays and nursing staff doing their best to care for patients in bathrooms, offices, cupboards and bereavement rooms.

One nurse from Scotland, said: "This elderly patient who was bed bound was doubly incontinent and needed a space in private to be cleaned, our only option was the charge nurse's office."

Another said: "A very confused patient was brought to the corridor. This patient wandered the corridors and was found in different areas of the ward multiple times. A bed was eventually found in a temporary area which was an office usually used for out-patients appointments, it still had the computer desk set up and had no window or toilet."

A nursing support worker said: "My last shift, I went into a full ward and 34 patients referred to come into the ward, 10 of which were in the corridor already waiting. One of the patients had a stroke, another with an increased oxygen requirement and several with the flu. Extremely unsafe as patients kept on arriving with nowhere to move our already admitted patients to."

Staffing levels are not being increased to cover these additional patients and the testimony also reveals serious concerns about infection prevention and control with patients crammed into tight spaces next to one another.

One nurse said: "Flu positive patients being transferred to wards before rooms become available. Patients with flu then being cared for in ward corridors next to other vulnerable patients."

The RCN says corridor care has become normalised in NHS hospitals across the UK, as nursing staff report elderly and vulnerable patients receiving undignified and unsafe treatment.

RCN General Secretary and Chief Executive, Professor Nicola Ranger, said:

“This devastating testimony from frontline nursing staff shows patients are coming to harm every day, forced to endure unsafe treatment in corridors, toilets, and even rooms usually reserved for families to visit deceased relatives. Vulnerable people are being stripped of their dignity and nursing staff are being denied access to vital lifesaving equipment. We can now categorically say patients are dying in this situation.

“The revelations from our wards must now become a moment in time. A moment for bold government action on an NHS which has been neglected for so long.”

Colin Poolman, Director, RCN Scotland added:

“This report makes for distressing reading and should be a wakeup call for Scottish government.

“The impact goes far beyond the doors of emergency departments, with nursing staff across many acute settings desperately struggling as they are forced to create space in clinical areas for additional unstaffed beds or provide patient care in corridors and other inappropriate locations.

“This is completely unacceptable for patient safety and staff wellbeing. No patient should ever have to suffer the risk or indignity of being cared for in such a way – yet it has been allowed to become normal practice. The Scottish government must commit to publishing the data on exactly how many patients are being cared for in these circumstances. The public deserves to know what is happening to patient safety.

“They must also commit to long term action and investment focused on addressing the nursing workforce shortages and building sustainable capacity both within in the NHS and most importantly within community and social care.”

ENDS

For further information, please contact the RCN Scotland press team on, press.scot@rcn.org.uk, **[redacted s.38(1)(b)]** or the out-of-hours press officer on **[redacted s.38(1)(b)]**

Notes to editors

The full report can be found [here](#).

The RCN surveyed 5,408 nursing staff working in NHS services across the UK from 18 December 2024 to 11 January 2025.

In May 2024 at its annual congress, the RCN declared a ‘national emergency’ over corridor care in NHS services - [here](#)

The Royal College of Nursing (RCN) is the world’s largest professional organisation and trade union for nursing staff, with members in the NHS, independent and voluntary sectors. RCN Scotland promotes patient and nursing interests by campaigning on issues that affect our members, shaping national health policies, representing members on practice and employment issues and providing members with learning and development opportunities. With over 50,000 members in Scotland, we are the voice of nursing.

[redacted s.38(1)(b)] | Media Manager | Communications Health and Social Care | [redacted s.38(1)(b)] | Scottish Government | [redacted s.38(1)(b)]

RE: For Cab Sec views- BID Cab Sec Health- GMS- RCN news release NHS overcrowding

From: [redacted s.38(1)(b)]

To: [redacted s.38(1)(b)]; Cabinet Secretary for Health & Social Care 2024 <CabSecHSC@gov.scot>

CC: Jennie Gollan <Jennie.Gollan@gov.scot>; Ross Ingebrigtsen <Ross.Ingebrigtsen@gov.scot>; Sean McGivern <Sean.McGivern@gov.scot>; Jack Middleton <Jack.Middleton@gov.scot>; [redacted s.38(1)(b)]; Rachael Dunk <Rachael.Dunk@gov.scot>; [redacted s.38(1)(b)]; Chief Nursing Officer <CNO@gov.scot>; [redacted s.38(1)(b)]; Douglas McLaren <Douglas.McLaren@gov.scot>; John Burns <John.Burns@gov.scot>; [redacted s.38(1)(b)];

Adding duty comms – thanks!

[redacted s.38(1)(b)] | **Media Manager | Communications Health and Social Care** | [redacted s.38(1)(b)] | **Scottish Government** | [redacted s.38(1)(b)]

From: [redacted s.38(1)(b)]

Sent: 15 January 2025 17:30

To: Cabinet Secretary for Health & Social Care 2024 <CabSecHSC@gov.scot>; [redacted s.38(1)(b)]

Cc: Jennie Gollan <Jennie.Gollan@gov.scot>; Ross Ingebrigtsen <Ross.Ingebrigtsen@gov.scot>; Sean McGivern <Sean.McGivern@gov.scot>; Jack Middleton <Jack.Middleton@gov.scot>; [redacted s.38(1)(b)]; Rachael Dunk <Rachael.Dunk@gov.scot>; [redacted s.38(1)(b)]; Chief Nursing Officer <CNO@gov.scot>; [redacted s.38(1)(b)]; Douglas McLaren <Douglas.McLaren@gov.scot>; John Burns <John.Burns@gov.scot>; [redacted s.38(1)(b)]

Subject: RE: For Cab Sec views- BID Cab Sec Health- GMS- RCN news release NHS overcrowding

Apologies for the slight delay.

Please find attached response and background briefing to RCN report.

Best wishes

[redacted s.38(1)(b)]

From: [redacted s.38(1)(b)] **On Behalf Of** Cabinet Secretary for Health & Social Care 2024

Sent: 15 January 2025 15:37

To: [redacted s.38(1)(b)]; Cabinet Secretary for Health & Social Care 2024 <CabSecHSC@gov.scot>

Cc: Jennie Gollan <Jennie.Gollan@gov.scot>; Ross Ingebrigtsen <Ross.Ingebrigtsen@gov.scot>; Sean McGivern <Sean.McGivern@gov.scot>; Jack Middleton <Jack.Middleton@gov.scot>; [redacted s.38(1)(b)]; Rachael Dunk <Rachael.Dunk@gov.scot>; [redacted s.38(1)(b)]; Chief Nursing Officer <CNO@gov.scot>; [redacted s.38(1)(b)]; Douglas McLaren

<Douglas.McLaren@gov.scot>; John Burns <John.Burns@gov.scot>; **[redacted s.38(1)(b)]**

Subject: RE: For Cab Sec views- BID Cab Sec Health- GMS- RCN news release NHS overcrowding

Hi **[redacted s.38(1)(b)]**

Should the bid go ahead we would be grateful for briefing by 5pm this evening please.

Thanks,

[redacted s.38(1)(b)]

Deputy Private Secretary to the Cabinet Secretary for Health and Social Care – Neil Gray MSP

The Scottish Government | St Andrew's House | Regent Road | Edinburgh | EH1 3DG | E: CabSecHSC@gov.scot | T: **[redacted s.38(1)(b)]**

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From: **[redacted s.38(1)(b)]**

Sent: Wednesday, January 15, 2025 3:36 PM

To: **[redacted s.38(1)(b)]**; Cabinet Secretary for Health & Social Care 2024 <CabSecHSC@gov.scot>

Cc: Jennie Gollan <Jennie.Gollan@gov.scot>; Ross Ingebrigtsen <Ross.Ingebrigtsen@gov.scot>; Sean McGivern <Sean.McGivern@gov.scot>; Jack Middleton <Jack.Middleton@gov.scot>; **[redacted s.38(1)(b)]**; Rachael Dunk <Rachael.Dunk@gov.scot>; **[redacted s.38(1)(b)]** Chief Nursing Officer <CNO@gov.scot>; **[redacted s.38(1)(b)]**; Douglas McLaren <Douglas.McLaren@gov.scot>; John Burns <John.Burns@gov.scot>; **[redacted s.38(1)(b)]**

Subject: RE: For Cab Sec views- BID Cab Sec Health- GMS- RCN news release NHS overcrowding

Adding in others

From: **[redacted s.38(1)(b)]**


Sent: 15 January 2025 15:33

To: **[redacted s.38(1)(b)]**; Cabinet Secretary for Health & Social Care 2024 <CabSecHSC@gov.scot>

Cc: Jennie Gollan <Jennie.Gollan@gov.scot>; Ross Ingebrigtsen <Ross.Ingebrigtsen@gov.scot>; Sean McGivern <Sean.McGivern@gov.scot>; Jack Middleton <Jack.Middleton@gov.scot>; **[redacted s.38(1)(b)]**; Rachael Dunk <Rachael.Dunk@gov.scot>; **[redacted s.38(1)(b)]**; Chief Nursing Officer <CNO@gov.scot>; **[redacted s.38(1)(b)]**; Douglas McLaren

<Douglas.McLaren@gov.scot>; John Burns <John.Burns@gov.scot>; **[redacted s.38(1)(b)]**

Subject: RE: For Cab Sec views- BID Cab Sec Health- GMS- RCN news release NHS overcrowding

My team in CNOD are working on briefing  Response to RCN Corridor Care Publication 2025.docx

Please let us know if there's a deadline as we've changes still to make.

This was originally put together in response to an RCN letter on the same subject in September. I'd be grateful if everyone could please check for their policy areas that the information is still relevant.

Best wishes

[redacted s.38(1)(b)]

From: **[redacted s.38(1)(b)]**

Sent: 15 January 2025 14:26

To: Cabinet Secretary for Health & Social Care 2024 <CabSecHSC@gov.scot>

Cc: Jennie Gollan <Jennie.Gollan@gov.scot>; Ross Ingebrigtsen <Ross.Ingebrigtsen@gov.scot>; Sean McGivern <Sean.McGivern@gov.scot>; Jack Middleton <Jack.Middleton@gov.scot>; **[redacted s.38(1)(b)]**; Rachael Dunk <Rachael.Dunk@gov.scot>; Anne Armstrong <Anne.Armstrong2@gov.scot>;

[redacted s.38(1)(b)]; Chief Nursing Officer <CNO@gov.scot>; **[redacted s.38(1)(b)]**; Douglas McLaren <Douglas.McLaren@gov.scot>; John Burns <John.Burns@gov.scot>; **[redacted s.38(1)(b)]**

Subject: For Cab Sec views- BID Cab Sec Health- GMS- RCN news release NHS overcrowding

Hello PO,

We have had a bid in for Cab Sec for GMS tomorrow morning to talk to the RCN news release which has just issued which says over 66% of nurses have said they are delivering care in overcrowded or unsuitable areas like corridors, offices or converted cupboards on a daily basis.

News release below for info, and we are currently liaising with policy to get a response to this one which will be sent up separately once agreed.

Comms and SPADs would recommend an accept on this one if Cab Sec is able-grateful for his views and if he is happy to undertake this one?

WHO	OUTLET	TIME	LIVE/PRE-REC	INTERVIEWER	TOPICS	Recommendation	Oth
Mr Gray	BBC GMS	8am	Live	TBC	RCN news release, NHS overcrowding	Accept	

Other details (if required)

Bid details and News release

As per chat....I'm working on tomorrow's edition of our Good Morning Scotland programme and hoping Mr.Grey might be willing to join us to respond to the findings of the RCN survey on overcrowding in our hospitals. Ideally we'd be looking to hear from him just after our 0800 news if that's viable. I'm on [redacted s.38(1)(b)] if you should need to call.



EMBARGOED NEWS FROM THE RCN - New RCN report reveals impact of overcrowding across Scotland's NHS

EMBARGOED UNTIL 00:001 THURSDAY 16 JANUARY 2025

Shocking new testimony from nursing staff exposes the risks and negative impact of overcrowding with patients being cared for in corridors, side rooms and extra beds.

A survey of NHS nursing staff across the UK shows the scale of the corridor care crisis in hospitals, with almost seven in ten (66.81%) saying they are delivering care in overcrowded or unsuitable places - like corridors, offices, converted cupboards and even car parks - on a daily basis.

The experiences of over 5,000 nursing staff, including almost 500 from Scotland, highlight a devastating collapse in care standards, with patients routinely coming to harm. The Royal College of Nursing says the testimony, which runs to over 400 pages, must mark a 'moment in time'. Demoralised nursing staff working in Scotland report caring for multiple patients in a single corridor, unable to access oxygen, cardiac monitors, suction and other lifesaving equipment. They have witnessed patients going into cardiac arrest while in a corridor, report patients being left with no access to bathroom facilities or buzzers and having to deliver personal care to incontinent patients with no privacy.

Nine in ten of those surveyed say patient safety is being compromised.

One Scottish nurse commented: "Department with capacity for 13 beds, we had 40 in, with patients on chairs having treatments administered, also sitting in the waiting room on cardiac monitors, using privacy screens to put around patients to use the bedpan."

The use of continuous flow models means that these issues are being experienced far beyond emergency departments. Overcrowding is taking place across wards with extra beds being added

to bays and nursing staff doing their best to care for patients in bathrooms, offices, cupboards and bereavement rooms.

One nurse from Scotland, said: "This elderly patient who was bed bound was doubly incontinent and needed a space in private to be cleaned, our only option was the charge nurse's office."

Another said: "A very confused patient was brought to the corridor. This patient wandered the corridors and was found in different areas of the ward multiple times. A bed was eventually found in a temporary area which was an office usually used for out-patients appointments, it still had the computer desk set up and had no window or toilet."

A nursing support worker said: "My last shift, I went into a full ward and 34 patients referred to come into the ward, 10 of which were in the corridor already waiting. One of the patients had a stroke, another with an increased oxygen requirement and several with the flu. Extremely unsafe as patients kept on arriving with nowhere to move our already admitted patients to."

Staffing levels are not being increased to cover these additional patients and the testimony also reveals serious concerns about infection prevention and control with patients crammed into tight spaces next to one another.

One nurse said: "Flu positive patients being transferred to wards before rooms become available. Patients with flu then being cared for in ward corridors next to other vulnerable patients."

The RCN says corridor care has become normalised in NHS hospitals across the UK, as nursing staff report elderly and vulnerable patients receiving undignified and unsafe treatment.

RCN General Secretary and Chief Executive, Professor Nicola Ranger, said:

"This devastating testimony from frontline nursing staff shows patients are coming to harm every day, forced to endure unsafe treatment in corridors, toilets, and even rooms usually reserved for families to visit deceased relatives. Vulnerable people are being stripped of their dignity and nursing staff are being denied access to vital lifesaving equipment. We can now categorically say patients are dying in this situation.

"The revelations from our wards must now become a moment in time. A moment for bold government action on an NHS which has been neglected for so long."

Colin Poolman, Director, RCN Scotland added:

"This report makes for distressing reading and should be a wakeup call for Scottish government.

"The impact goes far beyond the doors of emergency departments, with nursing staff across many acute settings desperately struggling as they are forced to create space in clinical areas for additional unstaffed beds or provide patient care in corridors and other inappropriate locations.

"This is completely unacceptable for patient safety and staff wellbeing. No patient should ever have to suffer the risk or indignity of being cared for in such a way – yet it has been allowed to become normal practice. The Scottish government must commit to publishing the data on exactly how many patients are being cared for in these circumstances. The public deserves to know what is happening to patient safety.

"They must also commit to long term action and investment focused on addressing the nursing workforce shortages and building sustainable capacity both within in the NHS and most importantly within community and social care."

ENDS

For further information, please contact the RCN Scotland press team on, press.scot@rcn.org.uk, **[redacted s.38(1)(b)]** or the out-of-hours press officer on **[redacted s.38(1)(b)]**

Notes to editors

The full report can be found [here](#).

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In May 2024 at its annual congress, the RCN declared a 'national emergency' over corridor care in NHS services - [here](#)

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[redacted s.38(1)(b)] | Media Manager | Communications Health and Social Care | [redacted s.38(1)(b)] | Scottish Government | [redacted s.38(1)(b)]

RE: For Cab Sec clearance- media query- RCN news release- Overcrowding across NHS Scotland -

From: [redacted s.38(1)(b)]; on behalf of; Cabinet Secretary for Health & Social Care 2024 <CabSecHSC@gov.scot>

To: [redacted s.38(1)(b)]; Cabinet Secretary for Health & Social Care 2024 <CabSecHSC@gov.scot>

Cc: Sean McGivern <Sean.McGivern@gov.scot>; Jennie Gollan <Jennie.Gollan@gov.scot>; Ross Ingebrigtsen <Ross.Ingebrigtsen@gov.scot>; Jack Middleton <Jack.Middleton@gov.scot>; [redacted s.38(1)(b)]; Rachael Dunk <Rachael.Dunk@gov.scot>; Anne Armstrong <Anne.Armstrong2@gov.scot>; [redacted s.38(1)(b)]; Chief Nursing Officer <CNO@gov.scot>; [redacted s.38(1)(b)]; Douglas McLaren <Douglas.McLaren@gov.scot>; John Burns <John.Burns@gov.scot>; [redacted s.38(1)(b)]

[redacted s.38(1)(b)]

Mr Gray is content to clear.

Kind regards,

[redacted s.38(1)(b)]

Private Secretary

Minister for Social Care, Mental Wellbeing and Sport – Maree Todd MSP
Scottish Government, St Andrews House, Regent Road, Edinburgh, EH1 3DG

E-mail: MinisterforSCMWS@gov.scot

Mobile: [redacted s.38(1)(b)]

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From: [redacted s.38(1)(b)]

Sent: 15 January 2025 17:48

To: Cabinet Secretary for Health & Social Care 2024 <CabSecHSC@gov.scot>

Cc: Sean McGivern <Sean.McGivern@gov.scot>; Jennie Gollan <Jennie.Gollan@gov.scot>; Ross Ingebrigtsen <Ross.Ingebrigtsen@gov.scot>; Jack Middleton <Jack.Middleton@gov.scot>; [redacted s.38(1)(b)]; Rachael Dunk <Rachael.Dunk@gov.scot>; Anne Armstrong <Anne.Armstrong2@gov.scot>; [redacted s.38(1)(b)]; Chief Nursing Officer <CNO@gov.scot>; [redacted s.38(1)(b)]; Douglas McLaren <Douglas.McLaren@gov.scot>; John Burns <John.Burns@gov.scot>; [redacted s.38(1)(b)]

Subject: For Cab Sec clearance- media query- RCN news release- Overcrowding across NHS Scotland -

Hello PO,

We have had a various media approach us looking for a response to the below news release from RCN which says over 66% of nurses have said they are delivering care in overcrowded or unsuitable areas like corridors, offices or converted cupboards on a daily basis.

The release is below for info.

Have agreed the below response with policy and SPADs, grateful for Cab Sec's views and if he is content to clear?

Suggested response

Health Secretary Neil Gray said:

"I want to apologise to anyone whose experience of the NHS has fallen short of the standards we all expect from our health service.

"A&E departments are under pressure due to high occupancy and delays with patients who need extra support before going home which effects the flow of patients from A&E to inpatient wards.

"But we are determined to drive improvements, reduce waiting lists and tackle delayed discharge. If passed by Parliament, our Budget will provide £200 million to help backlogs, improve capacity and remove blockages that keep patients in hospital longer than necessary – ensuring we can deliver the best possible service for patients."

News release



EMBARGOED NEWS FROM THE RCN - New RCN report reveals impact of overcrowding across Scotland's NHS

EMBARGOED UNTIL 00:001 THURSDAY 16 JANUARY 2025

Shocking new testimony from nursing staff exposes the risks and negative impact of overcrowding with patients being cared for in corridors, side rooms and extra beds.

A survey of NHS nursing staff across the UK shows the scale of the corridor care crisis in hospitals, with almost seven in ten (66.81%) saying they are delivering care in overcrowded or unsuitable places - like corridors, offices, converted cupboards and even car parks - on a daily basis.

The experiences of over 5,000 nursing staff, including almost 500 from Scotland, highlight a devastating collapse in care standards, with patients routinely coming to harm. The Royal College of Nursing says the testimony, which runs to over 400 pages, must mark a 'moment in time'. Demoralised nursing staff working in Scotland report caring for multiple patients in a single corridor, unable to access oxygen, cardiac monitors, suction and other lifesaving equipment. They have witnessed patients going into cardiac arrest while in a corridor, report patients being left with no access to bathroom facilities or buzzers and having to deliver personal care to incontinent patients with no privacy.

Nine in ten of those surveyed say patient safety is being compromised.

One Scottish nurse commented: "Department with capacity for 13 beds, we had 40 in, with patients on chairs having treatments administered, also sitting in the waiting room on cardiac monitors, using privacy screens to put around patients to use the bedpan."

The use of continuous flow models means that these issues are being experienced far beyond emergency departments. Overcrowding is taking place across wards with extra beds being added to bays and nursing staff doing their best to care for patients in bathrooms, offices, cupboards and bereavement rooms.

One nurse from Scotland, said: "This elderly patient who was bed bound was doubly incontinent and needed a space in private to be cleaned, our only option was the charge nurse's office."

Another said: "A very confused patient was brought to the corridor. This patient wandered the corridors and was found in different areas of the ward multiple times. A bed was eventually found in a temporary area which was an office usually used for out-patients appointments, it still had the computer desk set up and had no window or toilet."

A nursing support worker said: "My last shift, I went into a full ward and 34 patients referred to come into the ward, 10 of which were in the corridor already waiting. One of the patients had a stroke, another with an increased oxygen requirement and several with the flu. Extremely unsafe as patients kept on arriving with nowhere to move our already admitted patients to."

Staffing levels are not being increased to cover these additional patients and the testimony also reveals serious concerns about infection prevention and control with patients crammed into tight spaces next to one another.

One nurse said: "Flu positive patients being transferred to wards before rooms become available. Patients with flu then being cared for in ward corridors next to other vulnerable patients."

The RCN says corridor care has become normalised in NHS hospitals across the UK, as nursing staff report elderly and vulnerable patients receiving undignified and unsafe treatment.

RCN General Secretary and Chief Executive, Professor Nicola Ranger, said:

"This devastating testimony from frontline nursing staff shows patients are coming to harm every day, forced to endure unsafe treatment in corridors, toilets, and even rooms usually reserved for families to visit deceased relatives. Vulnerable people are being stripped of their dignity and nursing staff are being denied access to vital lifesaving equipment. We can now categorically say patients are dying in this situation.

"The revelations from our wards must now become a moment in time. A moment for bold government action on an NHS which has been neglected for so long."

Colin Poolman, Director, RCN Scotland added:

"This report makes for distressing reading and should be a wakeup call for Scottish government.

"The impact goes far beyond the doors of emergency departments, with nursing staff across many acute settings desperately struggling as they are forced to create space in clinical areas for additional unstaffed beds or provide patient care in corridors and other inappropriate locations.

"This is completely unacceptable for patient safety and staff wellbeing. No patient should ever have to suffer the risk or indignity of being cared for in such a way – yet it has been allowed to become normal practice. The Scottish government must commit to publishing the data on exactly how

many patients are being cared for in these circumstances. The public deserves to know what is happening to patient safety.

“They must also commit to long term action and investment focused on addressing the nursing workforce shortages and building sustainable capacity both within in the NHS and most importantly within community and social care.”

ENDS

For further information, please contact the RCN Scotland press team on, press.scot@rcn.org.uk, **[redacted s.38(1)(b)]** or the out-of-hours press officer on **[redacted s.38(1)(b)]**

Notes to editors

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[redacted s.38(1)(b)] | Media Manager | Communications Health and Social Care | [redacted s.38(1)(b)] | Scottish Government | [redacted s.38(1)(b)]

RE: TRANSCRIPT - Neil Gray MSP - NHS Overcrowding - GMS - 16Jan25

From: [redacted s.38(1)(b)] on behalf of; Cabinet Secretary for Health & Social Care 2024 <CabSecHSC@gov.scot>

To: [redacted s.38(1)(b)]

Cc: [redacted s.38(1)(b)]; Cabinet Secretary for Health & Social Care 2024 <CabSecHSC@gov.scot>; [redacted s.38(1)(b)]; First Minister <FirstMinister@gov.scot>; First Minister FMQs <FirstMinisterFMQs@gov.scot>; [redacted s.38(1)(b)]; Media Monitoring - Adhoc - SG <MediaMonitoring-Adhoc-SG@gov.scot>; Jennie Gollan <Jennie.Gollan@gov.scot>; Ross Ingebrigtsen <Ross.Ingebrigtsen@gov.scot>; Sean McGivern <Sean.McGivern@gov.scot>; Jack Middleton <Jack.Middleton@gov.scot>; [redacted s.38(1)(b)]; Rachael Dunk <Rachael.Dunk@gov.scot>; [redacted s.38(1)(b)]; Chief Nursing Officer <CNO@gov.scot>; [redacted s.38(1)(b)]; Douglas McLaren <Douglas.McLaren@gov.scot>; John Burns <John.Burns@gov.scot>; [redacted s.38(1)(b)]; David Hutchison <David.Hutchison@gov.scot>; Communications MMU <CommunicationsMMU@gov.scot>

Thanks so much [redacted s.38(1)(b)] – could we also have the transcript from Colin Poolman, Director, RCN who was also on GMS just after 8:05am this morning please.

[redacted s.38(1)(b)]

Deputy Private Secretary to the Cabinet Secretary for Health and Social Care – Neil Gray MSP

Scottish Government | St Andrew's House, Regent Road, Edinburgh EH1 3DG |

Mob: [redacted s.38(1)(b)] | Email: CabSecHSC@gov.scot

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From: [redacted s.38(1)(b)]

Sent: 16 January 2025 08:02

To: [redacted s.38(1)(b)]

Cc: [redacted s.38(1)(b)] Cabinet Secretary for Health & Social Care 2024 <CabSecHSC@gov.scot>; [redacted s.38(1)(b)]; First Minister <FirstMinister@gov.scot>; First Minister FMQs <FirstMinisterFMQs@gov.scot>; [redacted s.38(1)(b)]; Media Monitoring - Adhoc - SG <MediaMonitoring-Adhoc-SG@gov.scot>; Jennie Gollan <Jennie.Gollan@gov.scot>; Ross Ingebrigtsen <Ross.Ingebrigtsen@gov.scot>; Sean McGivern <Sean.McGivern@gov.scot>; Jack Middleton <Jack.Middleton@gov.scot>; [redacted s.38(1)(b)]; Rachael Dunk <Rachael.Dunk@gov.scot>; [redacted s.38(1)(b)]; Chief Nursing Officer <CNO@gov.scot>; [redacted s.38(1)(b)]; Douglas McLaren <Douglas.McLaren@gov.scot>; John Burns <John.Burns@gov.scot>; [redacted

s.38(1)(b)]; David Hutchison <David.Hutchison@gov.scot>; Communications MMU
<CommunicationsMMU@gov.scot>
Subject: TRANSCRIPT - Neil Gray MSP - NHS Overcrowding - GMS - 16Jan25

Good morning,

Please find attached transcript of Neil Gray on GMS this morning.

Regards

[redacted s.38(1)(b)]

Media Monitor | Media Monitoring Unit

Scottish Government, St Andrew's House, Edinburgh, EH1 3DG

e: [redacted s.38(1)(b)]

From: [redacted s.38(1)(b)]

TRANSCRIPT - Colin Poolman, Director RCN - NHS Overcrowding - GMS - 16Jan25

From: [redacted s.38(1)(b)]

To: [redacted s.38(1)(b)]

Cc: [redacted s.38(1)(b)]; Cabinet Secretary for Health & Social Care 2024 <CabSecHSC@gov.scot>; **[redacted s.38(1)(b)];** First Minister <FirstMinister@gov.scot>; First Minister FMQs <FirstMinisterFMQs@gov.scot>; **[redacted s.38(1)(b)];** Media Monitoring - Adhoc - SG <MediaMonitoring-Adhoc-SG@gov.scot>; Jennie Gollan <Jennie.Gollan@gov.scot>; Ross Ingebrigtsen <Ross.Ingebrigtsen@gov.scot>; Sean McGivern <Sean.McGivern@gov.scot>; Jack Middleton <Jack.Middleton@gov.scot>; **[redacted s.38(1)(b)];** Rachael Dunk <Rachael.Dunk@gov.scot>; **[redacted s.38(1)(b)];** Chief Nursing Officer <CNO@gov.scot>; **[redacted s.38(1)(b)];** Douglas McLaren <Douglas.McLaren@gov.scot>; John Burns <John.Burns@gov.scot>; **[redacted s.38(1)(b)];** David Hutchison <David.Hutchison@gov.scot>; Communications MMU <CommunicationsMMU@gov.scot>; **[redacted s.38(1)(b)]**

Hi **[redacted s.38(1)(b)]**

Please find attached transcript of Colin Poolman, Director of RCN on GMS this morning.

Regards

[redacted s.38(1)(b)]

Media Monitor | Media Monitoring Unit

Scottish Government, St Andrew's House, Edinburgh, EH1 3DG

e: [redacted s.38(1)(b)]

TO CLEAR: Mr Gray Bid - Bauer Radio - RCN Report

From: [redacted s.38(1)(b)]

To: Cabinet Secretary for Health & Social Care 2024 <CabSecHSC@gov.scot>

Cc: [redacted s.38(1)(b)] Rachael Dunk <Rachael.Dunk@gov.scot>; Anne Armstrong <Anne.Armstrong2@gov.scot>; [redacted s.38(1)(b)]; Chief Nursing Officer <CNO@gov.scot>; [redacted s.38(1)(b)]; Douglas McLaren <Douglas.McLaren@gov.scot>; John Burns <John.Burns@gov.scot>; [redacted s.38(1)(b)]; Communications Health and Social Care <CommunicationsHealthandSocialCare@gov.scot>; Sean McGivern <Sean.McGivern@gov.scot>; Jennie Gollan <Jennie.Gollan@gov.scot>; Ross Ingebrigtsen <Ross.Ingebrigtsen@gov.scot>; Jack Middleton <Jack.Middleton@gov.scot>

Good morning PO/Cab Sec,

As discussed on teams we've received bids from STV & Bauer for Mr Gray to talk to the RCN report today.

Comms and spads recommends he accepts these bids and I know you've already blocked out time in the diary for this at 4pm.

I will be there to support Mr Gray and will send over any emerging issues before then.

Best wishes,

[redacted s.38(1)(b)]

WHO	OUTLET	TIME	LIVE/PRE-REC	INTERVIEWER	TOPICS	Recommendation	Other details (if required)
Mr Gray	Bauer Radio	Flexible	Pre-rec	Alan Smith	RCN news release, NHS overcrowding	Accept	Garden Lobby

Mr Gray	STV	Flexible	Pre-rec	Ewan Petrie	RCN news release	Accept	Garden Lobby
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For FM clearance - Daily Mail query - letter to FM on RCN staffing

From: [redacted s.38(1)(b)]

To: First Minister <FirstMinister@gov.scot>

Cc: Sean McGivern <Sean.McGivern@gov.scot>; [redacted s.38(1)(b)]; Jack Middleton <Jack.Middleton@gov.scot>; Ross Ingebrigtsen <Ross.Ingebrigtsen@gov.scot>; Jennie Gollan <Jennie.Gollan@gov.scot>; Spads Admin <Spads_Admin@gov.scot>; Communications First Minister <CommunicationsFirstMinister@gov.scot>; Communica
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FMPO

The Daily Mail has asked for a response to a letter from Jackie Baillie to FM asking him to clarify comments made in a follow up to a question from Anas Sarwar at FMQs.

For awareness, the below screenshot of the Official Record does not contain the FM's full answer. I have included the full section below, highlighted in yellow.

The full Labour news release has been included below. FM Comms and SpAds would suggest pointing the journalist to FM's previous answer to Mr Sarwar, in which he acknowledged pressures facing NHS staff.

Grateful if you could confirm whether the FM is content with this suggestion.

Many thanks,

[redacted s.38(1)(b)]

FM comments in chamber

One key point that I have tried to stress in all my answers to Parliament on this question is the importance of ensuring that I address as they are the circumstances that we face in our hospital system. That is one reason why I went to the emergency department at Edinburgh Royal Infirmary on 4 January to see with my own eyes the pressure that was being recounted to me by health service leaders over a number of weeks when I was engaged in trying to address the situation.

I acknowledge the reality of the pressures—the intense pressures—on the national health service. We have increased staff and consultant numbers and have expanded the capacity of NHS 24, as a review of urgent care called on us to do back in 2020. The Government will continue taking all the necessary steps to ensure that our staff

are as well supported as they can be in dealing with the intense pressures that prevail within the national health service in winter.

Background

The First Minister will respond to Jackie Baillie's letter in due course.

Labour news release

BAILLIE URGES SWINNEY TO CLARIFY COMMENTS ON NURSES

Scottish Labour's Health Spokesperson Jackie Baillie has written to the First Minister John Swinney asking him to clarify what he meant in his comments about nurses during First Minister's Questions.

After Scottish Labour Leader Anas Sarwar listed examples from the Royal College of Nursing's damning report into the experience of patients and staff in Scotland's NHS and put the warnings made by one nurse to the First Minister, Swinney insisted it was not the reality of the SNP's record.

Writing to the First Minister, **Baillie noted that the report** "contained hundreds of shocking quotes from Scottish nurses outlining the scale of overcrowding, unsafe care, and lack of patient dignity".

She continued: "Nurses report feeling ashamed, demoralised and distraught that they are unable to care for patients in the way they want or that patients deserve.

"These quotes were put directly to you in the Chamber this afternoon at First Minister's Questions but when asked, you said nothing of substance was raised and you denied that this was the reality in Scotland's NHS on the SNP's watch.

"Can you confirm if you are suggesting that these nurses are mistaken about the situation they experience every day or that they are not telling the truth."

ENDS

Notes to Editor

Jackie Baillie's letter to John Swinney attached

Official Report transcript:

Anas Sarwar

The RCN report details the human cost of John Swinney and Neil Gray's incompetence. Nurses are delivering care in overcrowded or unsuitable places such as corridors, cupboards and even car parks every day. Staff are caring for multiple patients in a single corridor, where they are unable to access oxygen, cardiac monitors and other life-saving equipment. Patients are going into cardiac arrest while in corridors, incontinent patients are left with no privacy and almost 90 per cent of nurses say that patient safety is being compromised. Nurses describe flu patients waiting in corridors next to vulnerable patients and having to discuss miscarriages with couples in overcrowded corridors.

One nurse said:

"I worked throughout Covid-19 and although was a horrendous experience this lack of care in the broken system is worse."

Is that not the deadly reality of the NHS on John Swinney and the SNP's watch?

The First Minister

No, it is not.

Source: https://www.parliament.scot/chamber-and-committees/official-report/search-what-was-said-in-parliament/meeting-of-parliament-16-01-2025?meeting=16198&iob=138376#orscontributions_M5586E318P807C2646751
RCN report <https://www.rcn.org.uk/Professional-Development/publications/rcn-frontline-of-the-uk-corridor-care-crisis-uk-pub-011-944>

Official report excerpt in full

Anas Sarwar

John Swinney wants to pretend that we have only a winter crisis in the NHS; the reality is that we have a permanent crisis in the NHS on John Swinney's watch. The RCN report details the human cost of John Swinney and Neil Gray's incompetence. Nurses are delivering care in overcrowded or unsuitable places such as corridors, cupboards and even car parks every day. Staff are caring for multiple patients in a single corridor, where they are unable to access oxygen, cardiac monitors and other life-saving equipment. Patients are going into cardiac arrest while in corridors, incontinent patients are left with no privacy and almost 90 per cent of nurses say that patient safety is being compromised. Nurses describe flu patients waiting in corridors next to vulnerable patients and having to discuss miscarriages with couples in overcrowded corridors.

One nurse said:

"I worked throughout Covid-19 and although was a horrendous experience this lack of care in the broken system is worse."

Is that not the deadly reality of the NHS on John Swinney and the SNP's watch?

The First Minister

No, it is not. What we are doing is focusing, within the resources available to us, on maximising the effectiveness of patient care for individuals.

What has the Government done in recent years? The Government has, for example, increased NHS staffing by 26.6 per cent during the period in which we have been in office. Regarding the central point in Mr Sarwar's last question, the Government has increased staffing numbers. We have increased consultant numbers, particularly in emergency care, and we have also increased the capacity of NHS 24. We have introduced innovations, such as hospital at home, to ensure that more patients are treated in the circumstances that best meet their needs.

The Government will continue to innovate and reform to address the public's needs, but there is a harsh reality about the increased demand that we are facing as a consequence of the upsurge in flu cases and the implications of Covid, which has left the population facing more acute health circumstances than pre-Covid. The Government is prioritising the national health service by ensuring that we are investing the largest sum of money ever in it. I look forward to the Government's budget passing to enable us to secure that investment for the people of this country.

[redacted s.38(1)(b)]

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[redacted s.38(1)(b)]

Neil Gray MSP
NHS Overcrowding
GMS
16 January 2025

Presenter

And back to our main story, the damning reports on the state of care in Scotland's hospitals released this morning by the Royal College of Nursing. It's a call for action on overcrowding, detailing the experience of nurses and the daily struggles they face as patients pile up in corridors. The report suggests patients are routinely coming to harm. Well Neil Gray is the health secretary, he's with us now. Morning.

Neil Gray
Good morning Lucy

Presenter

morning. How did we get here?

NG

So this UK wide survey was carried out over the peak of winter demand, where over the Christmas and New Year period, we have seen an extraordinary level of flu cases that we have been documenting regularly and that we have been supporting local systems, the First Minister and I have been chairing meetings with local systems to ensure that they are able to cope as best as possible with that unprecedented level of flu coming into the system. Of course, it does make for upsetting and distressing reading some of the accounts that have been shared by not just Scottish nurses, but nurses from across the UK, in terms of what that has resulted in, and I obviously apologise to any patient and indeed staff member for the situation that they have faced when they were the standards have not been met with what we would expect them to be. Of course, we are working to alleviate the pressure across our NHS, and looking in particular at reducing hospital occupancy and reducing the length of stay that patients have within our hospitals. And this is a key part of the work that we're doing, not just with our local health boards, but also our health and social care partnerships to ensure that the whole system is able to respond to the pressure that's been felt.

Presenter

There were 500 nurses from Scotland who participated in this so So, just for clarification, hundreds of nurses in Scotland giving their views on what their working life had been like, and they were reflecting on, you know, generally, their experience, and we're hearing from them about patients being treated in corridors, in rooms reserved for corpses, in nurses office, where there isn't a toilet, there's just a computer. We also know, don't we about ambulances having to queue for up to 15 hours? Should people just be crossing their fingers that they don't get sick in Scotland?

NG

No, certainly not. And this is not what I expect to be the norm in terms of either, either the situation to be faced at any time of year, or indeed...

Presenter

But it is the norm, that's, that's, that's the point. It's becoming the norm.

NG

No, I don't accept that. That's not what I accept. It's not the expectation that I have for our health service.

Presenter

It could not be your expectation, but it's becoming the norm. Would you argue with that?

NG

No, I don't believe that this is an inevitability, and it's one that I am working across government and with our health boards, with our health and social care partnerships, including through our urgent and unscheduled care collaborative program to reduce unnecessary hospital admissions, such as providing same day emergency care services. We're optimising the flow navigation centres that signpost patients the most appropriate services for their needs. We're enhancing discharge processes, focusing on discharge planning, so that plans are in place to allow patients to go home as soon as their medical **[Cross talk]**

Presenter

You went into this winter with a record level of delayed discharge. How does that set you up for success?

NG

This

is the point that I'm making, Lucy, that this is not the situation that we're wanting to face. We are we are working with our health boards, with our health and social care partnerships, and the budget that we have proposed proposes a significant investment to address delayed discharge by investing in additional social care capacity, additional capacity within primary care, also working to reduce scheduled care waiting times. We are working to expand services such as hospital at home, and I have to say that the work that has been carried out by staff, by people across the system, that has meant that we have coped over the winter period, the period that this survey covers, it means that we've been able to cope with an extraordinary level of unprecedented I don't think last I don't think we can. We can just brush by as being normal either. This has been an unprecedented level of demand, but we've seen over the course of eight weeks, peak flu levels that have been beyond every single week of those eight weeks have been beyond the peak of last year's level of flu. So there's been an unprecedented level of demand, and I'm in full admiration of the staff in our front line that have coped with that **[Cross talk]**

Presenter

And there's nobody criticising staff this morning. And let's just make that clear, not that we've heard from everybody is praising staff this morning. You know you have this, this budget coming up, and you see, you have plans. The SNP has been in power in Scotland for nearly 18 years now. Why would Why would this be the year that things get fixed?

NG

I think we have to recognize that there are shifting demands in terms of our health and social care services, the demands that are placed upon our system post COVID are different to those pre COVID. We know obviously, in terms of elective care, that the vast majority of that was postponed during the COVID period. So we're working and the plan is to work through reducing that backlog, and that's where some of the investment that we proposed through the budget is targeted towards. We also know that people are arriving in our health services, whether that is in primary care or secondary care services with more complex co morbidities post COVID and the additional acuity that people are arriving with is something that our staff are having to cope with. That is why we need to make sure that we're investing in all elements of the system which we are doing to respond to that, including providing more frailty units at the front door of our hospitals that can help to provide the assessment of people's frailty and have a better connection with the community. So the shifting demands upon our health service are ones that we need to respond to, and that's what the proposed budget that the health service and health and social care services in Scotland need to pass is all about.

Presenter

Okay, and with the greatest respect people will be hearing a lot about what you're saying and the plans and the proposals for people that are listening this morning, who maybe have had a loved one who sat in a corridor this winter, or being treated in a nurse's office, or waited for hours and hours and hours in A&E they want to hear what has been happening and what is happening right now.

NG

Absolutely, and I've seen for myself when I've been visiting our hospitals, both the pressure that there is there on staff and the examples of corridor care that the Royal College of Nursing report details. I was at St John's Hospital in Livingston on Christmas Eve, right in the middle of the peak demand. I was there during when the survey was taking place. I have been to many hospitals over the last year that I have been posted, been able to see examples.

Presenter

So what's happening right now to try and fix that?

NG

I'm just coming to that Lucy that it's distressing for patients, and we all have loved ones who need and use the health service, and we would not find acceptable the situation that the Royal College of Nursing report outlines, that is why we have been investing in areas such as hospital at home, such as the work of the Centre for Sustainable delivery, such as optimising Flow Navigation Centres using same day emergency care services. The report that we just published yesterday on the efficiency of providing appointments for urgent care for minor injuries, the pressure that's been taken off our Accident and Emergency as a result. These are all investments that we're making now and we're seeking to enhance because I recognise that for not just patients, but for staff that are experiencing these high levels of pressure and demand, we need to continue to see a reduction in that pressure.

Presenter

Can you give us a guarantee now then? We had a suggestion earlier from one of our contributors that this month, you should be starting to work to make sure that we're not going into this coming winter at the end of this year with a record number of people waiting in hospital when they don't need to be. Can you give us a guarantee that we won't go in to this winter with another record level of delayed discharge?

NG

I can tell you that I'm meeting with health and social care providers on a weekly basis, and have been for since the start of the summer on how we reduce delayed discharge. The budget that we propose for the coming year has a significant level of investment to expand social care services. It provides a record increase to not just our health service, but also to our local government services, to reduce the demands and provide increased capacity for both health and social care provision. So we are recognising right now and working right now to reduce the demands, reduce the levels of delayed discharge, because we recognise that the pressure that has been felt in Accident and Emergency, the pressure that's been felt through our ambulance service is not because of the levels of efficiency or the issues that are within those particular departments. It's because of the pressure that's on the entire system that we have high levels of hospital occupancy. We have much longer lengths of stay in hospital than pre COVID. And those are the issues that we need to address. That comes by providing increased capacity to primary care providers. It comes through providing increased capacity in social care, and that's exactly the areas that we're investing in. So we can reduce length of stay. We can avoid people being admitted into the hospital in the first place, and that preventative approach is so important, so that we can reduce the level of demand that we have seen over the last eight weeks through the unprecedented levels.

Presenter

You mentioned that, just before we let you go. Can the NHS keep providing everything it does now realistically?

NG

Well, these are the conversations that we're having as part of the reform and improvement vision that I set out to Parliament in June, where I think we need to look at how we provide our services across health and social care, where they are provided, and these are conversations that we are having with the likes of the Royal Colleges, with the staff around what would be most appropriately provided. and where, so that we can make sure that we're targeting and supporting people in the best way possible, and meeting with the demands of expectations that we would from the health service.

Presenter

All right Health Secretary, thank you very much Neil Gray, Health Secretary there.

[End]